

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Date: September 15, 2003  
CHENG, W.C. et al. : Group Art Unit: 1764  
Serial No. 09/221,539 : Examiner: NORTON, N.G.  
Filed: December 28, 1998 : Docket No.: W9463-01  
For: GASOLINE SULFUR REDUCTION IN FLUID CATALYTIC  
CRACKING

AMENDMENT

Mail Stop Non-Fee Amendment  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

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TC 1700

Sir:

In response to the Non-final Office Action dated March 13, 2003, kindly  
amend the above-identified patent application as follow:

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 2 of this paper.

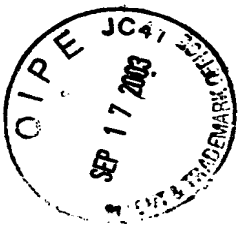
**Remarks** begin on page 6 of this paper.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8**

Pursuant to 37 CFR §1.8, I hereby certify that I have a reasonable basis to expect that this correspondence will be deposited with the United States Postal Service on or before the date indicated, as First Class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 15, 2003  
Date

Julia P. Darcy  
Signature



4

W.R. Grace & Co.-Conn.  
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1764\$

AMENDMENT TRANSMITTAL FORM

Attorney Docket No. W9463-01

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Serial No. 09/221,539

Filed: December 28, 1998

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Examiner: Norton, N.G.

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COMMISSIONER OF PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VIRGINIA 22313-1450

Transmitted herewith is an amendment/response in the above-identified application.

- ☐ NO ADDITIONAL FEE IS REQUIRED.  
☒ The fee for any changes in number of claims has been calculated below:

CLAIMS AS AMENDED

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	Additional Fee
Total Claims		Minus	**	*0	\$18.00	\$ 0.00
Indep. Claims		Minus	***	*0	\$80.00	\$ 0.00
			****For Multiple Dependent Claims Add:		\$270.00	\$
					<b>TOTAL FEE DUE:</b>	\$ 0.00

\*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\*If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\*If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

\*\*\*\*Multiple Dependent Claim fee is only paid once.

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 07-1770.  
Two extra copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required, or credit any overpayment, to Deposit Account No. 07-1770. Two extra copies of this form are enclosed.

September 15, 2003  
Date of Signature

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Product Code: DAV/FCC